

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
 AsOfDate 12/18/2012

#0000222110 12.21.12
 Total Amount

Voucher	Vchr	VchrLineDescr	Distr	Account	Account	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invoice Number	Total Amount	
Number	Line		Line#	Description			Withhold		Year	Month			
00319255	1	I/S meals & lodging	1	542200	Employee I/S Meals & L	06101	NASH GNYLE-001		2013	12	0000096369	Nash, G. 11.19-1	300.00
Total For Voucher												300.00	

VP

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500

Voucher ID: 00319255

Voucher Style: Regular

Vendor: NASH, GAYLE C

1190 ST FRANCIS DR N 4100

SANTA FE, NM 87502

Invoice Number: Nash, G. 11.19-11.21.12

Invoice Date: 12/17/2012

Total: 300.00

Pay Terms: Pay Now

☐ Schedule Payments

Saved

Payment Information

Scheduled Payment: 1

Remit to: 0000099443 Location: 001 Address: 1 NASH, GAYLE C
1190 ST FRANCIS DR N 4100

SANTA FE, NM 87502

Gross Amount: 300.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 12/17/2012 

Net Due: 12/17/2012

Discount Due:

Accounting Date:

Find | View All | First  1 of 1  Last 

Payment Method

Bank: WFB10

Account: B Pay Group: RE

Method: ACH ACH Netting: N Message: 

Message will appear on remittance advice.

Summary **Invoice Information** **Payments** **Voucher Attributes** **Error Summary**

Business Unit: 66500 Invoice Number: Nash, G. 11.19-11.21.12
Voucher ID: 00319255 Invoice Date: 12/17/2012
Voucher Style: Regular Total: 300.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Saved

Accounting Instructions

*Accounting Template: STANDARD  Account At: Gross 




Match Action

*Status: Ready 
☐ Pay UnMatched Voucher

Transaction Currency

*Source: Tables  *Currency: USD  Rate Type: CRHNT  Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 
Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur) SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID:  

Tax Group

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSESSTATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES[illegible]

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Gayle Nash	Position:	CNO
	Department ID and Fund:	6001001000	Telephone:	505-690-1065
	Post of Duty:	Las Cruces	Residence:	Las Cruces

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	GS-1768
	Year:	2011	Make:	Nissan	Model:	Allima


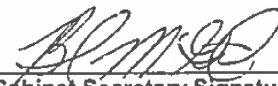
Trip/Training Information	Please provide agendas, itineraries and any relevant documents.				
	Course Name:	Meeting with Staff in Santa Fe			
	<input checked="" type="checkbox"/> Check if training is required	<input type="checkbox"/> Check if Continuing Education credits will be granted			

Travel Information	Date of Request:	11/16/12	Destination:	Santa Fe		
	Departure Date: (month/day/yr)	11/19/12	Time:	06:00 AM	Return Date: (month/day/yr)	11/21/12
					Time:	06:00 PM
<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:						

* If actuals are requested: Expenses will only be reimbursed by providing original and val'd receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration - Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration - Vendor		Santa Fe Only:	2 @ \$135/day	\$ 270.00
549600: Airline Cost - Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost - Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 300.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 300.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

<div style="text-align: center;">  Employee Signature </div> <div style="text-align: center;"> 12-4-2012 Date </div>	<div style="text-align: center;"> Supervisor/Bureau Chief Signature Date </div>
<div style="text-align: center;"> Division Director/Hospital Administrator (As per specific division requirements) </div> <div style="text-align: center;"> Date </div>	<div style="text-align: center;">  Cabinet Secretary Signature (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.) </div> <div style="text-align: center;"> 12/11/12 Date </div>